Department Of Health – Strategic Planning And Performance Group
Support For Community And Voluntary Sector Engagement In ICS NI

June 2023

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1.   Executive Summary

1.1   This report is the result of engagement with the Community and Voluntary Sector (C&V sector), that was conducted by an independent facilitator over a 3 month period from April to June 2023. The purpose of the engagement was to build an understanding of the C&V sector opinion on a number of key questions regarding the involvement and support of the C&V sector in the Integrated Care System (ICS).

1.2   Feedback in this report was gained through extensive engagement with the C&V sector through 10 engagement sessions. This comprised 6 open engagement sessions with 5 of those face to face and conducted across locations in Northern Ireland (Newry, Cookstown, Derry/Londonderry, Enniskillen and Belfast) along with one online session. In addition, a further 4 engagements sessions were conducted for specific target audiences.   In total 131 people from 112 different organisations took part in the engagement sessions.

1.3   This work took place within a very challenging environment of severe funding cuts for the C&V sector and the withdrawal of grant programmes from statutory agencies including the Department of Health.

1.4   Engagement sessions also provided feedback on the ways in which the C&V sector currently contributes to and interacts with the health and social care system. This contribution is wide and significant. The C&V sector not only supports the delivery of direct frontline services along with prevention and intervention programmes but also is instrumental in levering additional funding into the health and social care system via public fundraising and funding from independent trusts and foundations.

1.5   The engagement sessions were also used to capture a snapshot of the channels which currently exist for sharing information and engaging communities across the C&V sector. Participants identified 181 existing channels. Given this is a

snapshot, it is reasonable to assume that that there is an even higher number of current existing channels across Northern Ireland.

1.6   Best practice and lessons learned were identified from the approach taken within similar partnerships to identify and support C&V representation. 4 specific examples of best practice or lessons learned are outlined in the report from: Belfast City Council Voluntary Community and Social Enterprise Panel for Community Planning; Protect Life 2; Northern Health and Social Care Trust (Northern Trust); The Health and Social Care Alliance Scotland – The ALLIANCE (The ALLIANCE).

1.7   Feedback from the engagement process was sought on 3 key areas in relation to involving and supporting C&V representatives to participate on the Area Integrated Partnership Boards (AIPBs) of the ICS. These included the recruitment process, skills and experience considered necessary for C&V representatives and the support required to enable C&V representatives to successfully take part in the AIPBs.

1.8   A consistent message from the engagement with the C&V sector, was that the process of identifying the C&V representatives for AIPBs would have been more in line with community development principles, if it had been designed bottom up and not top down i.e., the community and locality groups established first. It is felt that had that been the case, C&V sector representatives for AIPBs would have emerged more naturally.

1.9   21 recommendations have been identified as a result of the engagement sessions and best practice interviews. The recommendations focus on significant points of consensus identified through the process.

1.10   This report was commissioned by the Department of Health. It will be for the Department of Health to consider and decide which recommendations if any, will be implemented, either in part or in full.

1.11   A key recommendation is that any recruitment of C&V sector representatives should be led by an independent organisation and be robust and transparent. The recruitment process should seek to be as wide and inclusive as possible.

1.12   A key message from the engagement process is that the C&V sector want to ensure that their voice is heard and listened to. They want to be respected and trusted as an equal partner on any AIPBs.

1.13   It is critical that time is taken to build relationships between AIPB members and to develop an understanding of contributions, knowledge and expertise that representatives from the different sectors across the AIPBs bring.

1.14   It is vital that there is parity of esteem and equality within the AIPBs. This should include the financial compensation regarding the cost of participation in AIPBs to representatives' organisations and to the role requirements and commitment expected of representatives from across the sectors.

1.15   There is consensus that the C&V sector is large, complex and diverse and that it is a huge task to ask individuals to represent the C&V sector in their area. It is recommended that as a minimum 4 C&V representatives (the current maximum) should be appointed to each AIPB and that consideration should be given to expanding that number moving forward.

1.16   Feedback from the engagement process identified a range of skills and attributes that it was felt the C&V representatives would need to demonstrate. C&V representatives on AIPBs would be expected to have an understanding and knowledge of the needs of communities in their AIPB area, along with strong demonstrative connections to local communities and networks.

1.17   It is vital C&V representatives are clear from the outset that they represent the sector as a whole rather than any specific organisation or interest group.

1.18   It is crucial that the processes and arrangements regarding C&V sector representatives, should be included in any planned review of AIPBs, after a 12-

month period and then regularly thereafter to ensure that processes continue to develop and mature.

2. Background And Purpose Of Engagement With C&V Sector

2.1   A new Integrated Care System (ICS) is currently being developed by the Department of Health (DoH). This system signals a new way of planning and managing our health and social care services based on the specific needs of the population (see Figure 1).

Figure 1 Integrated Care System Structure
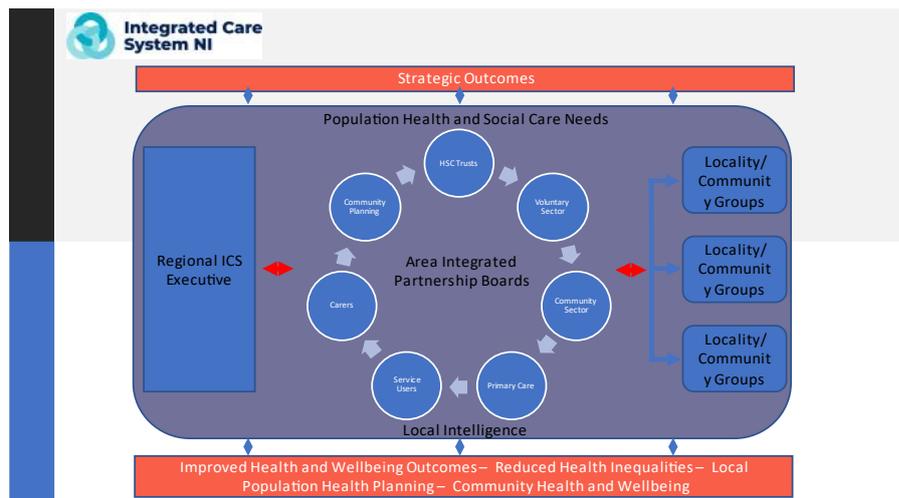
2.2   The ICS approach brings many partners together. Reaching out beyond traditional boundaries, the ICS aims to harness the strengths of existing partnerships.

2.3   The key focus of the ICS is to address the wider determinants of health and wellbeing through a population health approach. This will address the whole life course from prevention, early intervention through to treatment and end of life care.

2.4   Health and social care professionals, local councils, the C&V sector, service users and carers will work more closely together in the future. They will develop population health plans and manage services.

2.5   The role of the C&V sector within the ICS is vital to realising the vision laid out within the ICS Draft Framework; to work with partners effectively and with local communities and to address inequalities and population health.

2.6   Targeted consultation was previously undertaken in summer 2021. A programme of work is now underway to bring about the design, implementation and delivery of the ICS, with an anticipated launch date of April 2024.

2.7   To date, leaders within the C&V sector have made a significant contribution to the development of the ICS. The sector has contributed time and effort to engage in ICS workstreams' and meetings. They have worked to enable the sectors response to the consultation on the Draft ICS NI Framework and have made an important contribution to the development of the draft ICS Strategic Outcomes Framework.

Purpose Of The C&V Engagement

2.8   The brief for the engagement was:

- *"To carry out a scoping exercise which gathered information about the channels which currently exist for sharing information and engaging communities across the C&V sector and to collate information and describe the ways in which the C&V sector currently contributes to and interacts with the health and social care system.*
- *To gather best practice and lessons learned from the approach taken to identify and support C&V representation within similar partnerships.*
- *To design, coordinate and facilitate an effective communication and engagement process with the C&V sector about the ICS.*
- *To produce recommendations regarding 3 key questions:*

a. *How C&V sector members should be recruited in an open and transparent way to positions on five AIPBs in ICS structures.*

b. *The role description and specification for the positions on AIPBs which details the experience and skills C&V sector members on the AIPBs should have.*

c. *The supports and resources which will be needed for the sector and for C&V members of the ICS structures to be effective in their roles."*

2.9   In April 2023, an independent facilitator was appointed for a 3 month period, to engage with the C&V sector to understand the opinions of the sector on a number of key areas regarding the involvement and support of the C&V sector in the ICS. The focus of the work was specifically on the AIPB level. Locality and Community Levels of the ICS will be formed in due course after the establishment of the Area Level in the form of AIPBs.

2.10   The work took place in a very challenging, continually evolving funding environment. During that time, the C&V sector faced severe cuts in funding from statutory agencies including the Department of Health. There was frustration and anger within the sector regarding the loss of funding and services in local communities.

3.   Scoping And Broader Context

3.1   **Brief: "** *To carry out a scoping exercise which will:*
- *gather information about the channels which currently exist for sharing information and engaging communities across the C&V sector*
- *collate information and described the ways in which the C&V sector currently contributes to and interacts with the health and social care system"*

3.2   It is recognised and acknowledged that given the timeframe and the resources available,   this piece of work would only offer a snapshot of the existing channels for sharing information and engaging communities across the C&V

sector.   The C&V sector is large and complex, and in a constant state of change. It is therefore challenging to provide a complete overall picture of the current channels for sharing information and engaging communities across the C&V sector at any given time.

3.3   Dedicated funding and resources would need to be sought and made available in order to undertake a full mapping exercise of the existing channels for sharing information and engaging communities across the C&V sector.

Methodology

3.4   The methodology for gathering information regarding existing channels was guided by the short timeframe of the project. It was therefore necessary to rely on information that was readily available.

3.5   The information for the snapshot has been gathered by:
- Desk research.
- Capturing C&V Workstream members' knowledge regarding current channels through 1:1 meetings.
- Participants at each engagement session identified current existing channels for sharing information and engaging communities across the C&V sector.

3.6   The existing channels identified in Appendix One are largely gathered by feedback from participants attending the engagement sessions. Therefore, the channels identified are reflective of their knowledge and understanding. This is not, nor is it intended to be, a definitive list of the existing channels in the C&V sector in Northern Ireland. It is intended to provide a snapshot of the large range of existing channels for sharing information and engaging communities across the C&V sector.

3.7   Participants attending the sessions were asked to initially consider the channels under 4 headings: Sharing and Networking; Convening and

Participation; Collaboration/Lobbying, and Representation. As a number of channels crossed over a number of headings, many participants preferred not to categorise the channels under the headings. Therefore, there was not a consistent categorisation of the channels across the engagement sessions. The channels identified have therefore not been categorised in the appendix of this report but recorded in one list.

3.8   Where a channel has been identified a number of times across the engagement process it has only been listed once.

3.9   Where a number of activities have been attributed to one channel, these have been grouped, as far as possible, under that channel e.g., Community Planning and Neighbourhood Renewal have been listed under the relevant District Council.

Channels Which Currently Exist For Sharing Information And Engaging Communities Across The C&V Sector:

3.10   There are a large number of channels which already exist and are used to share information and engage with the C&V sector.

3.11   181 existing channels were identified through the course of this work. It is likely that there are many more existing channels. This snapshot indicates the size and diversity of the large number of channels to communicate and engage with the C&V sector .

3.12   The Channels identified are both Statutory and C&V sector organisations, networks, forums and meetings. Some channels have a presence across Northern Ireland and others are more locally focussed.

3.13   A number of channels were identified and noted by participants at the majority of the engagement sessions. These included: NICVA; Community Development and Health Network; Volunteer Now; Children and Young

People Strategic Partnership; Healthy Living Centre Alliance; Rural Community Network; CO3; and the Long-Term Conditions Alliance.

3.14   It is likely that any one C&V organisation may link into a number of channels depending on their geography and their area of interest. Not all C&V organisations will be connected into the same channels.

3.15   A number of channels perform more than one function for organisations e.g., a channel may provide sharing and networking opportunities and also represent their member groups with government departments. Due to the limited time and resource available for the scoping exercise,   it was not possible to research and record the activities undertaken by the identified existing channels.

3.16   There are a large number of topic specific channels/networks which focus on particular themes or specialisms.

3.17   Some channels are specifically focussed on issues that are particular to either urban or rural areas.

3.18   10 different All Party Working Groups were identified as existing channels. This indicates a high level of engagement across the C&V sector at a strategic governmental level.

3.19   All 5 Health and Social Care Trusts were identified as existing channels. This would indicate that there are already establish relationships with the Trusts and the C&V sector which can be developed and built upon.

3.20   7 out of 11 District Councils were identified as current existing channels. It is reasonable to assume that all District Councils would be identified as existing channels if a full mapping exercise was conducted.

3.21   The list of existing channels identified through this engagement process, provides an indication of the number and range of ways to engage and

communicate with the C&V sector and the communities they represent. The existing current channels identified through the engagement process with the C&V sector are found in Appendix One.

The Ways In Which The C&V Sector Currently Contributes To And Interacts With The Health And Social Care System

3.22   Again, given the timeframe and the resources available, this piece of work offers a snapshot of the current ways in which the C&V sector contributes to and interacts with the health and social care system in Northern Ireland.

Methodology

3.23   The information contained in this report regarding the ways in which the C&V sector currently contributes to and interacts with the health and social care system was gathered through the feedback of participants at the 10 engagement events. It is reflective of their understanding of the contribution of the C&V sector and is not intended, nor should it be seen as a fully comprehensive list.

3.24   The feedback indicates that the sector's contribution is considerable, wide ranging, significant and multifaceted. However, it is noted in the feedback, that many in the C&V sector felt that medical, health and social care staff, grossly underestimate the contribution and the impact of the work of the C&V sector. Concern was voiced that there is a significant disconnect between what GPs and other health professionals understand to be the C&V sector's contribution to health and social care and the very significant and diverse contribution and impact the sector actually makes to their local communities.

Summary Of Feedback Regarding The Ways In Which The C&V Sector Currently Contributes To And Interacts With The Health And Social Care System

- Direct service delivery either through contracts, MOUs, SLAs or grants. There is a belief by some in the C&V sector that this eases pressure in the health and social care system and provides value for money in service delivery.

- Levering in additional funding to the health and social care system by public fundraising, independent grant funders and maximising the funding received through statutory agencies

- Providing responses to consultations to support government departments to reach communities and help statutory agencies to shape services.

- Involvement in a wide range of forums, working groups and meetings across health and social care. This involvement includes: community planning; acting as community development representatives for Trusts; local commissioning groups; C&V sector representative on one of the 17 Integrated Care Partnerships; Patient & Client Engagement Groups ; facilitating Personal and Public Involvement in Health (individuals and collectives) and engagement with Multi-Disciplinary Teams.

- Supporting the delivery of a range of strategies across health and social care system e.g., Rare Diseases Action Plan; Mental Health Strategy; Making Life Better, The Community Development Approaches Framework,; Tobacco Strategy.

- Acting as advocates for local communities by engaging with and lobbying a range of stakeholders including: Stormont; Department of Health; and Health and Social Care Trust officials.

- Bringing new services into health and social care and targeting particular health challenges (e.g., mental health).

- Designing, planning, delivering and evaluating services on prevention, early intervention and crisis intervention.

- Identifying challenges and unmet needs in the community. This can be a useful early barometer of issues that are emerging.

- Support to Patient Client Council to link to health and social care.

- Co-funding initiatives in health to help address gaps which could then lead to a broader commissioning of similar services.

- Meeting needs in the community that are not met by statutory agencies. Knowledge of communities and being able to reach people that statutory agencies are unable to reach. A point was raised that the sector can be seen as a 'dumping ground' for all that Health can't/won't do.

- Bringing communities together and bridging the gap between health and social care and communities.

- Working to ensure inclusion and that the needs of 'hard to reach' groups and Section 75 groups are met.

- Bringing and amplifying the voices of lived experience to support co-production and challenge accountability.

- Undertaking and providing research, evidence, data and information on a range of health-related issues.

- Providing training, support, information, awareness and education to a range of stakeholders on a variety of health-related issues.

- Bringing creativity, agility, flexibility and innovation that informs system change within health and social care.

4. Best Practice And Lessons Learned

4.1 **Brief: "**_To gather best practice and lessons learned from the approach taken to identify and support C&V representation within similar partnerships to ICS._"

Methodology

4.2 The methodology for gathering information on best practice and lessons learned, was again guided by the timeframe of the project. A series of individual meetings and small group meetings were held with the C&V Workstream to identify an initial list of individuals to meet regarding best practice and lessons learned. From the meetings with this initial group of

people, further individuals were identified with experience of similar partnerships, to meet regarding best practice and lessons learned.

4.3 Twenty-two 1:1 meetings were conducted regarding good practice and lessons learned in approaches taken to identify and support C&V representation within similar partnerships.

4.4 These meetings were held with a range of individuals and organisations that have experience of involving C&V sector representatives or being the C&V representatives in areas including: community planning, district councils and health trusts. Other organisations included: Children and Young People Strategic Partnership; Healthy Living Centres; Protect Life 2; and a range of C&V organisations including Supporting Communities and The ALLIANCE.

Summary Of Feedback Regarding Engaging The C&V Sector. Engagement Works Well When There Is/Are:
• True involvement of the C&V sector as a respected equal partner.
• Clear terms of reference for the partnership and its work.
• Clear expectations of what is required from all partners e.g., time commitment, outcomes, level of authority etc.
• A bottom-up approach. Starting at the community level first and building the partnership from that level up, works well when engaging the C&V sector and communities.
• Application forms/EOI and role descriptions have been used to recruit to representative roles to ensure transparency.
• An independent organisation managing the recruitment to roles provides transparency. Some partnerships e.g., Belfast City Council VCSE Panel, have also funded support for the C&V sector representatives taking part in partnerships on an ongoing basis.
• A high level of trust and respect among all members of the partnership.
• There is a high degree of C&V autonomy over the selection of C&V representatives.
• Strong working relationships that have been built up over time.

- Representatives reflect the areas that they represent. Time has been taken to ensure that the geography and demographic makeup of the area and key thematic topics are reflected in C&V representation.
- An understanding and appreciation by all members of the partnership of the value and contribution that the C&V sector bring to the partnership.
- Recognition of the diversity of the C&V sector and the challenges this will present to C&V representatives to represent such a large group.
- A key element in best practice is that there are sufficient numbers of C&V representatives to provide a reflective representation of the sector.
- Structures established to ensure that there are different layers and ways to allow input from different areas of communities and C&V sector i.e., very local community level and also strategic level.
- Strong positive communication. Communication needs to be up-wards, down-wards and sideways. Good communication and a strong feedback loop have been identified as crucial for success.
- Utilisation of methods such as templates, remote meetings etc. to broaden and deepen the feedback loop and provide additional scope for communication to and from the C&V sector.
- A plan of work for the partnership. This provides focus and opportunity to evaluate how effectively the partnership is working.
- A regular review and evaluation of the processes, plans and outcomes of the partnership.

Examples Of Best Practice And Lessons Learned

4.1 Whilst a number of organisations/forums have been identified as using best practice in the approach they have taken to identify and support C&V representation within similar partnerships, none of these would claim to have a perfect process. All of them acknowledge the need for continued review and development of processes and practices.

4.2   The following are 4 examples of best/good practice and lessons learned
which would be helpful to consider when seeking to identify and support C&V
representation to the ICS.

Belfast City Council - VCSE Panel

4.3   Belfast City Council established a Voluntary, Community and Social Enterprise
Sectoral Advisory panel for Community Planning. The panel's aims are:

- to ensure that the sector's voices are represented as part of the
community planning process
- to develop and improve cross sectoral relationships and partnerships
- to promote effective community engagement

4.4   Key aspects of the methodology used to establish and run this panel have
been highlighted as examples of best practice. These include:

4.5   NICVA was contracted as an independent organisation to undertake the
recruitment for this panel. They provided a consistent and impartial process
and ensured that the panel was balanced e.g., with representatives from
across the city etc.

4.6   Nominations were invited from C&V sector organisations who wished to
propose an individual to be part of the panel.

4.7   NICVA established a sub-group from within their Board to assess the
nominations against pre-agreed criteria. Nominations were scored against
the criteria and the NICVA sub-group also looked to ensure balanced
representation e.g. geography, gender, size of organisations, experiences,
contacts and networks etc.

4.8   This process was successful as it was open and transparent. It was
conducted by an independent organisation that is known and respected in the
sector.

4.9   Once the individuals were recruited then another independent organisation, Strategem, was contracted to provide ongoing support to the VCSE panel. This is an important element of best practice, as Strategem is able to support the representatives to enable them to fulfil their role on the VCSE panel.

4.10   This provides an example of best practice regarding open and transparent recruitment along with an example of post recruitment support to C&V sector representatives.

Protect life 2

4.11   Protect Life 2 (PL2) is the cross-departmental strategy for preventing suicide and self-harm. It follows on from the original strategy published in 2006 and refreshed in 2012. The Public Health Agency facilitate the Regional Steering Group (RSISG) for PL2, and are responsible for the delivery of a number of actions within the strategy. Within each of the local HSCT localities there is a multi-agency local Protect Life Implementation Group (PLIG) to ensure the strategy is delivered locally.

4.12   There are 5 geographically linked Implementation local groups (Belfast, North, South, East and West) and they were each asked to nominate 2 representatives to sit on the Steering Group. From these groups there are 10 C&V nominees to the Steering Group. There are also a small number of other C&V groups which were considered essential to have represented, including bereaved families and Samaritans.

4.13   The governance structure of Protect Life 2 can be found on p62 of Protect Life 2 (health-ni.gov.uk). Within its structure, Protect Life 2 has a Steering Group (RSISG) and Local Protect Life 2 Implementation Groups (Local PLIG)

4.14   Key aspects of the methodology used to ensure good communication and a strong feedback loop have been highlighted as examples of best practice. These include:

4.15   Prior to each Steering Group meeting, a template is completed by the Protect Life 2 Local PLIG. The information collated from these is then circulated to the Steering Group. This allows any issues that Local PLIG need addressed to be recorded and responded to at the Steering Group meeting. This advance notice of any issues arising is helpful as it provides time to research and generate a response . This approach seems to work effectively.

4.16   A cascade approach is used to ensure a flow of information through the Protect Life 2 structure:
- Locality representatives, nominated through locally agreed structures, represent their Local PLIG at the steering group (RSISG) not their host organisations.
- Local PLIG Representatives to the steering group (RSISG) are responsible for informing their Local PLIG of key information / issues raised and addressed in the steering group (RSISG).
- Local PLIG Representatives at RSISG are asked to ensure that the views they express at RSISG are agreed and representative of the Local PLIG.

4.17   This is a best practice example of a communication loop which utilises a range of methods to support the gathering of feedback and information via a template which is completed and emailed to representatives. It outlines the expected flow of information to and from the various structures within the system.

Northern Health and Social Care Trust

4.18   The Northern Health and Social Care Trust (The Northern Trust) is one of five health and social care trusts in Northern Ireland. They provide a range of Health and Social Care Services to a population of approximately 479,000 people across a geographical area of 1,733 square miles, making it the

largest geographical trust in Northern Ireland. The Trust also provides services to Rathlin, the only inhabited island off the coast of Northern Ireland.

4.19   Key aspects of supporting the C&V sector by enabling a level of ownership and autonomy, of specific networks by the sector and trusting them to manage the work have been identified as best practice. These include:

4.20   The Northern Trust are establishing a Peer Support Network (PSN) for Mental Wellbeing which is for groups involved in mental health prevention and early intervention or who are finding themselves increasingly involved in these issues.

4.21   The Trust has established one network in each of the 4 boroughs. This recognises that within the community sector, 'local' can be at town or village level and that some groups will not necessarily see regional or area level as relevant to them.

4.22   The peer nature of these Networks is a key aspect of their success. Each is chaired by a person from the C&V sector who is independent and leads the decision making.

4.23   The Trust provides administration support and financial support for each Peer Support Network (PSN). The financial support is approximately £4,000 per year for each of the 4 PSN. This covers costs such as: room hire; refreshments for meetings; events; costs of speakers and trainers etc.

4.24   Whilst some funding and organisational support is provided by the Trust to help with progress, the Trust believes that the ownership of each Network by members from the C&V sector is a significant part of their success.

4.25   This best practice example demonstrates the success that can be achieved when there is a high degree of autonomy given to the C& V sector, along with respect, trust and recognition of the value of the contribution of the sector.

The Health and Social Care Alliance Scotland – The ALLIANCE

4.26   The Health and Social Care Alliance Scotland (The ALLIANCE) is the national C&V sector intermediary for a range of health and social care organisations in Scotland. They have a membership of over 3,200 national and local third sector organisations, associates in the statutory and private sectors, disabled people, people living with long term conditions and unpaid carers. Many NHS Boards, Health and Social Care Partnerships, Medical Practices, C&V sector Interfaces, Libraries and Access Panels are also members.

4.27   The ALLIANCE is a strategic partner of the Scottish Government and has close working relationships, with many national NHS Boards, academic institutions and key organisations spanning health, social care, housing and digital technology.

4.28   The ALLIANCE is predominantly funded by the Scottish Government within a Strategic Partnership Agreement, however, they also receive other project focused grants through other sources.

4.29   One of The ALLIANCE's core aims is to; "*Champion and support the third sector as a vital strategic and delivery partner and foster better cross-sector understanding and partnership.*"

4.30   From its work and engagements with its members, The ALLIANCE has learned: (note in Scotland C&V sector is also referred to as Third Sector)

- Organisations in Scotland are also still on a journey towards establishing mature relationships between different partners from across the public, third and independent sectors.
- It is important to be clear from the outset with any partnership, if individuals are representing their organisation or the whole sector.
- An awareness of the balance of power on partnerships is important. It is vital to be clear from the outset if the C&V sector representatives have an equal voice and voting rights.

- Ensuring that time and care is taken to build understanding and allowing space and time to share points with the wider C&V sector leads to better experience for the C&V representatives.

- The scale of involving the third sector given its breadth and diversity is also recognised as a challenge in Scotland. Small third sector organisations were identified as facing particular challenges in contributing and demonstrating their contribution.

- Building positive relationships and trust between sectors were highlighted as key factors for successful partnership working. The ALLIANCE members identified that more still needs to be done to build positive relationships and involve people as equal partners across the sectors.

4.31   Much of the learning by The ALLIANCE in Scotland is similar to the feedback shared by the C&V sector through the engagement events in Northern Ireland.

5. Engagement
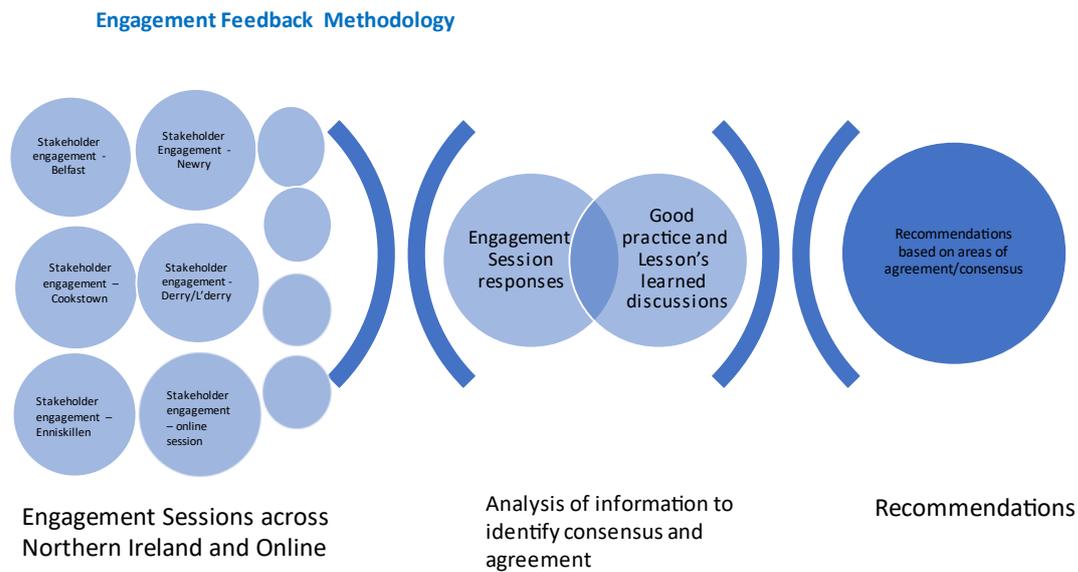
5.1   **Brief: "**_To design, coordinate and facilitate an effective communication and engagement process with the C&V sector about the ICS (specifically the AIPBs)._ "

Methodology

5.2   6 open engagement events were planned and held in May 2023. 5 engagement events were in person across NI (Newry, Cookstown, Enniskillen, Belfast, Derry/Londonderry) and 1 online event (see Figure 2).

Figure 2 Feedback methodology

Engagement Feedback Methodology

Stakeholder engagement - Belfast

Stakeholder Engagement - Newry

Stakeholder engagement – Cookstown

Stakeholder engagement - Derry/L'derry

Stakeholder engagement – Enniskillen

Stakeholder engagement – online session

Engagement Session responses

Good practice and Lesson's learned discussions

Recommendations based on areas of agreement/consensus

Engagement Sessions across Northern Ireland and Online

Analysis of information to identify consensus and agreement

Recommendations

5.3   In addition to these open engagement events, 4 further online engagements were held for specific target audiences. These included: Long Term Conditions Alliance; previous representatives on ICPs; the British Deaf Association and the Rural Support Network.

5.4   The 7 regional C&V Workstream Members (NICVA, CO3, RCN, Volunteer Now, CDHN, Healthy Living Centre Alliance, Long Term Conditions Alliance) together with the ICS Team promoted the events through their existing mailing lists and networks.

5.5   A total of 166 people attended all the engagement events. (131 people attended the 6 open engagement events and 35 people attended the 4 small audience specific events).

5.6   112 different organisations took part. Some organisations sent staff to a number of events or sent a number of staff to the same event. The target audience for the engagement sessions was the C&V sector,   with 106 C&V sector organisations and 6 statutory organisations attending the events. A list

of the organisations that took part in the engagement sessions is found in Appendix Two.

5.7 Participants welcomed the fact that effort was made to reach out across Northern Ireland and to conduct in person sessions in different localities.

5.8 This work took place within a very challenging environment of severe funding cuts for the C&V sector and the withdrawal of grant programmes from statutory agencies including the Department of Health.

5.9 Participants felt it would have been helpful if a Terms of Reference (TOR), for the AIPBs had been available. The absence of a TOR, made the task of defining a role for the C&V representatives, challenging.

5.10 Participants were keen to offer their insight and knowledge to help shape a positive process for the recruitment and involvement of C& V representatives to the AIPBs.

5.11 For the purpose of consistency, the same three questions were asked of participants at all engagement sessions:

- **How should C&V sector members be recruited to positions on the five Area Implementation Partnership Boards (AIPBs) to ensure an open and transparent process?**

- **What should the tasks/role be for the C&V positions on AIPBs? What experience and skills should C&V sector members on the AIPBs have?**

- **What supports and resources will be needed for the sector and for C&V members of the ICS structures in order for them to be effective in their roles?**

5.12 The responses and feedback to these questions has been collated and analysed to identify areas of consensus and also to identify if there are any areas where opinion differs greatly.

Feedback From Engagement Sessions

How Should C&V Sector Members Be Recruited To Positions On The Five Area Implementation Partnerships Boards (AIPBs) To Ensure An Open And Transparent Process?

5.13   Participant feedback from the engagement sessions is that recruitment should be open and transparent and the roles should be as widely advertised across the C&V sector as possible.

5.14   A strong consistent message is that the process of identifying the C&V representatives for AIPBs would have been more in line with community development principles, if it had been designed bottom up and not top down i.e., the community and locality groups established first. It is felt that had that been the case, C&V sector representatives for AIPBs would have emerged more naturally.

Summary Of Participant Feedback Regarding How C&V Sector Members Should Be Recruited To Positions On The Five AIPBs To Ensure An Open And Transparent Process
• An open and transparent recruitment process would include: an expression of interest form; a role description which is competency based; an application form and a structured interview.
• Ensure roles are as widely promoted and advertised as possible by using existing channels and networks and using a wide range of methods and media. In order to widen and deepen engagement, it   is important to take cognisance of the number and range of existing channels, in the recruitment process.
• Engage an independent organisation to facilitate the recruitment process. This would provide central co-ordination and consistency. It would also help to ensure balance across the AIPBs to avoid over representation /dominance from one or two larger organisations across the AIPBs.

- The C&V sector should have influence in the choosing of the C&V representatives.
- Important to ensure that the recruitment is reflective of the local population in each AIPB area e.g., population demographic; urban/rural etc. This may need to be reflected in the background of the representatives e.g., 2 rural/2 urban.
- If the role is voluntary i.e., not a secondment or full time paid role, then it was suggested that once the initial applications had been submitted and short listed against the criteria, then a panel which is representative of the C&V sector, should be established to decide who is recruited to the roles.
- It was also suggested that if the role is voluntary i.e., not a secondment or full time paid role, then the applicants for those roles, should be given a level of autonomy in self-selecting the C&V representatives for each AIPB. In the event that there were more than four applicants for those roles, a meeting should be set up facilitated by the independent organisation responsible for the recruitment of the applicants for each AIPB. There would be an applicant meeting in each area. At the Applicants Meeting the applicants for the C&V representative roles would come together to discuss the role, the purpose of the AIPBs etc. The applicants would then seek to find a consensus as to who among them should be the C&V representatives for their area.
- This would provide 'subs' or a reserve list, should anyone not be able to continue with the role of C&V Representative in the future. In the event that the Applicants' Panel was unable to come to a consensus regarding the 4 C&V representatives for that area, then, a 'public' vote with the C&V sector in the area could be held to determine those who should become representatives.
- In the event that the role is a secondment or full time paid role then best practice employment recruitment processes should be used.
- Important that the C&V representatives have a term of office so that it is clear how long the commitment is for and that there is an opportunity for renewal.

- Feedback indicates that one size is unlikely to fit all areas in terms of recruitment. Each AIPB area has a different make up and different groups active in their area. The process needs to be structured and consistent but flexible enough to manage the diverse nature of the areas.

- Recruitment needs to be accessible for all e.g., Section 75 groups' needs should be considered when recruiting. It is important to ensure that the entire process, from beginning to end, is accessible e.g., Sign Language interpreters, accessible venues, materials etc. available for people with visual impairments.

- The C&V representatives are very big roles given the diversity and scope of the sector. A consistent message has emerged that it would be important to have the maximum number (4) C&V sector representatives at each AIPB.

- Feedback indicates that the majority of participants believe it will be very challenging to represent the diversity and complexity of the C&V sector, even with the maximum number of 4 representatives per AIPB. They feel some consideration should be given to increasing this number in the future.

- Due to the scope of the C&V representative role it is likely to need a skills mix from the 4 representatives. It is suggested that these may need different role descriptions as it is unreasonable to expect one person to have all the skills required to represent such a diverse sector. One possibility is to have roles based along thematic areas or geography e.g., urban/rural. Another option is to require that each applicant demonstrate only a certain number of the skills/experience from a list of options with certain skills/experience being mandatory.

- It was identified, as part of openness and transparency, that it would be important to have a feedback process if someone is not accepted to the role.

- There should be a process and procedure in place to manage any conflicts of interest and to monitor the performance of AIPB members.

What Should The Tasks/Role Be For The C&V Positions On AIPBs? What Experience And Skills Should C&V Sector Members On The AIPBs Have?

5.15   Participants identified a range of skills and attributes that they felt the C&V representatives would need to demonstrate. A clear message has emerged that it is vital C&V representatives are clear from the outset that they represent the sector as a whole rather than any specific organisation or interest group.

5.16   It is important that C&V sector organisations consider charity law with regard to the representative role. It may raise a potential issue for some C&V sector organisations, if the representative role is considered to be acting outside their governing document. It is possible that this issue could be mitigated if the role were recruited in a similar way to a public appointment. That would allow an individual to be appointed outside their role with their existing employer.

5.17   Feedback from the engagement sessions indicates that it is important, that C&V representatives on the AIPBs should have, strong demonstrative connections to local communities and understanding and knowledge of the needs of the communities in their AIPB area.

Summary Of Feedback Regarding What The Tasks/Role Should Be For The C&V Positions On AIPBs and What Experience And Skills C&V Sector Members On The AIPBs Should Have
- It is important it is made clear that the representatives are there for the whole sector in their area not just for their subject area or their own organisation.   - Individuals should be expected to demonstrate the local networks they are connected to. These connections should be meaningful and demonstrate their local reach.

- C&V representatives must demonstrate their knowledge and understanding of the local communities and the needs in their AIPB areas.

- They will need to demonstrate how they will ensure good communication and a strong feedback loop to, from and with the C&V sector.

- There is an expectation that the C&V representatives will share information and solicit the views of the C&V sector on decisions and areas that require input.

- It will be important that C&V representatives are able to represent the views and experiences of the wide C&V sector.

- The individuals recruited to the roles of C&V representatives will need to advocate for the sector.

- They will need to demonstrate a wide range of skills including: networking and facilitation; policy and influencing; negotiation skills; strategic thinking and be solution focused.

- It is felt that the representatives are likely to need experience of working at senior management/director level and understand budgeting, commissioning of services and sensitivities around this.

- It is suggested that the C&V representatives will need knowledge and understanding of: government; health; C& V sector systems and structures; and community planning.

- The C&V representatives will need to be able to demonstrate community development skills and knowledge.

- It would be expected that representatives will be able to demonstrate strong relationship building skills and the ability to work as part of a team.

- C&V representatives would be expected to ensure that equality and diversity underpins activities of the AIPBs.

- It would be important that the representatives can demonstrate an understanding of co-production and an asset-based approach as it is felt this will be important in engaging with the AIPBs.

- It is expected that the C&V representatives are able to demonstrate that they will present a balanced view and have integrity.

- Due to the scope of the C&V representative role it is likely to need a skills mix from the 4 representatives. It is suggested that these may need

different role descriptions as it is unreasonable to expect one person to have all the attributes required to represent such a diverse sector. One possibility is to have roles based along thematic areas or geography e.g., urban/rural. Another possibility is to have a list of skills/experience and ask that each representative meet a certain number of the skills/experience listed e.g., 15 out of 20 of the points.

- There is an expectation that C&V representatives will make a commitment to reading papers, attending grassroots and high level engagements e.g., meeting groups and attending AIPBs.

- Feedback indicates that there is an expectation that the C&V representatives will ensure their active attendance at AIPB meetings and that they will provide regular updates to the sector regarding the work.

- C&V representatives would be expected to advocate to ensure equality and diversity underpins the work of the AIPB and that the AIPB upholds its duties under section 75.

5.18   Appendix Three outlines a fuller list of skills and experience identified by participants as required from the C&V representatives.

What supports and resources will be needed for the sector and for C&V members of the ICS structures in order for them to be effective in their roles?

5.19   Through the participant feedback via the 10 engagement sessions a consistent message has emerged that the sector does not want these roles to be a tick-box exercise but to have meaning and value within the ICS NI.

5.20   As the C&V sector is already under strain and facing cuts, there was overwhelming feedback that there needs to be financial recompense and support for the C&V representative roles.

Summary Of Participant Feedback Regarding The Supports And Resources That Will Be Needed For The Sector And For C&V Members Of The ICS Structures In Order For Them To Be Effective In Their Roles

- A strong message is that the sector did not want these roles to be a tick box exercise. The C&V sector bring value and expertise and they believe it is important this is recognised.

- Given the scope of the roles and the breadth and depth of the C&V sector, it is suggested that renumeration should be offered for these roles. Suggestions included the C&V representatives could be paid full time roles or a secondment opportunity from within the C&V sector. Other suggestions were that some form of flat fee should be given along with travel expenses.

- It is vital that there is parity of esteem and equality for all AIPB representatives, including the C&V sector. There is an awareness within the sector that other professionals e.g., GPs will be provided with cover if they attend the AIPBs and the C&V sector feel they should be treated equally.

- If the representatives are coming from C&V sector organisations, then those organisations should be compensated for the hours lost by releasing staff and the need to cover that person's work. The feedback is that the sector is already under extreme pressure and there would need to be an incentive to help C&V organisations take part in AIPBs.

- Feedback indicates that there should be a paid co-ordinator who will support all the C&V representatives across the 5 AIPBs.

- There is a need for an effective induction for all members of the AIPB (not just C&V sector) to explain the purpose of the AIPBs/outcomes/role etc.

- C&V representatives will need support/resources to consult and feedback to the wider C& V sector.

- It was also identified that IT equipment/phone etc. should also be provided for C&V representatives for the role. This would be important for GDPR if confidential information was being shared with AIPB members so that the data is not housed on host/employer organisation's electronic devices.

- Specific training for the AIPB C&V representatives might be required in a variety of areas to help them develop in their roles. In addition, expert advice or information should be made available as required to C&V representatives to better enable them to represent the sector.
- It was also recognised that training for other AIPB members, that are not C&V,   should be provided to help them understand the value and importance of the C&V sector's input and contribution.

6. Additional Feedback And Risks

6.1   Participants also provided important feedback regarding the AIPBs structure and operation and identified a number of potential risks.

Summary Of Additional Feedback From Participants During C& V Sector Engagement Sessions
- It will be important for all members of the AIPB to get to know the C&V sector in their area to enable them to better understand the work and contribution of the sector locally.   - Some frustration was expressed by participants regarding the way that the AIPBs are being established. There was a strong feeling that it would have been beneficial to establish the structure from the bottom-up rather than the top-down i.e., to have established the community and locality levels first. This would have helped to ensure a more effective C&V sector and community representation.   - Given the breadth and depth of the sector, participants' feedback indicates, that 2-4 C&V representatives appear to be a small number to represent such a diverse and complex sector. Consensus across the engagement process was that in order for AIPBs and the ICS to work well, it would be important to ensure the maximum representation from C&V sector was on each AIPB.   - Feedback indicates that in order to ensure a range of voices are heard, there is likely to need to be an awareness, of each C&V sector

representative's broader representation at a local level to ensure that no single organisation dominates the panels/forums in local areas.

- There should be parity of esteem and respect among and between AIPB members. All AIPB members should be valued equally and this should be demonstrated by equity in remuneration etc.

- Feedback highlighted that it is crucial that other members of the AIPBs from different sectors, will also be required to demonstrate the same level of commitment, capability, skills, experience and collaboration that is being required of the C&V sector.

- There should be shared leadership of the AIPBs between the statutory sector and the C&V sector. This could involve the C&V being a co-chair of the AIPB alongside a statutory sector representative.

- The C&V sector representatives should have an equal voice and influence on AIPBs alongside representatives from other sectors.

- It is important that the C&V representatives' voices are not overwhelmed and lost when working alongside so many statutory sector representatives.

- Although the lived experience representatives are separate from the C&V representatives, the C&V feedback from the engagement sessions was clear, that it is very important that lived experience is represented on AIPBs. It is vital that the process for recruitment and support for Lived Experience representatives is accessible and that their specific needs are supported e.g., caring costs and responsibilities, accessible formats, interpreters, travel etc.

- It is important that the ICS NI is set up to enable true engagement and collaboration among members of the various elements of the structure and within the AIPBs. It is not the responsibility of any one sector to ensure that engagement and collaboration happens, but rather the responsibility of every member of the AIPBs and the ICS.

- A Southern Area Test AIPB was running in parallel to the C&V sector engagement process. Participants felt it may have been helpful to allow the engagement work with the C&V sector to be completed prior to the launch of the Southern Area Test to enable learning and feedback to support processes and practice. As the project timings did not align with the

initiation of the Southern Area Test, it was not possible to incorporate learning from the test at the time of drafting this report but it is expected that this will be taken on board moving forward.

Risks

- It is a very difficult, almost impossible, task to represent the depth, breadth and complexity of the sector. There is a risk that if the number of C&V representatives are not sufficient on the AIPBs it will be tokenism and not achieve the outcomes that are intended.

- There will be very high expectations regarding the roles of the C&V representatives from the C&V sector. This could lead to unrealistic demands upon the C&V representatives and risk burnout and demotivation.

- If the resourcing and support regarding involving and supporting the C&V sector to the AIPBs is not sufficient, then there is a risk that no-one from the sector will apply for the roles or not enough C&V sector representatives will be around the table. Serious consideration needs to be given to incentivise the C&V sector to be involved in AIPBs. This will include remuneration and an ongoing support role.

- There is a risk that AIPB members will see it as the sole responsibility for the C&V representatives to engage with the communities. Such an approach is likely to lead to a silo mentality and lack of maximising innovation opportunities. It should be incumbent upon AIPBs as a whole to engage with communities.

7. Recommendations

7.1   **Brief: "***To work collaboratively with the C&V sector to produce draft recommendations which align with the Draft ICS NI Framework for the ICS NI Directorate regarding:*

- *How C&V sector members should be recruited in an open and transparent way to positions on five Area Implementation Partnership Boards (AIPBs) in ICS structures*

- *The role description and specification for the positions on AIPBs which details the experience and skills C&V sector members on the AIPBs should have*

- *The supports and resources which will be needed for the sector and for C&V members of the ICS structures to be effective in their roles, (e.g., remuneration for involvement in ICS structures, mechanism to enable strong communication across the sector) "*

7.2   The recommendations have been developed as a result of the responses and feedback to the three questions asked at the 10 engagement sessions along with information from the best practice/lessons learned interviews.

7.3   The recommendations focus on significant points of consensus identified through the process.

7.4   As this report was commissioned by the Department of Health, it will be for the Department of Health to consider and decide which recommendations if any, will be implemented, either in part or in full.

7.5   The recommendations are *not* listed in order of priority:

7.6   **Recommendation 1:**
An independent organisation should be identified and engaged to facilitate the recruitment process of C&V
sector representatives to AIPBs. This organisation needs to be known and respected in the sector and viewed as impartial in the recruitment process. This independent organisation would provide central co-ordination and oversight for the recruitment process of all 5 AIPBs.

7.7   The organisation would monitor recruitment to ensure balance across all the AIPBs to avoid over representation /dominance from one or two larger organisations across the AIPBs. In addition, to ensure a range of voices are heard and that no single organisation dominates the panels/forums in local

areas, there should be an awareness, of each C&V sector representative's broader representation at a local level.

7.8 **Recommendation 2:**

It is recommended that an open and transparent application process should be used to recruit the C&V representatives to the AIPBs. This would include: an Expression of Interest; a competency based role description; an application form and a structured interview; clear term of office; a feedback process if someone is not accepted to the role; a process to manage conflicts of interest; and a process to monitor performance.

7.9 **Recommendation 3:**

It is recommended that consideration should be given to reflect the large range of skills that are required for the C&V roles, across the C&V representatives. This could be achieved by developing different role descriptions focussing on different thematic areas or geography. Another alternative is to require each applicant to demonstrate a certain number of the skills/experience listed in the role description, with particular skills/experience being essential/ mandatory.

7.10 **Recommendation 4**:

It is recommended that C&V Sector representative roles are promoted and advertised as widely as possible by using existing channels and networks and using a wide range of methods and media. Recruitment needs to be accessible for all e.g., Section 75 groups' needs should be considered when recruiting. It is important to ensure that the entire process, from beginning to end, is accessible e.g., Sign Language interpreters, accessible venues, materials etc. available for people with visual impairments.

7.11 **Recommendation 5:**

It should be made clear, from the beginning of the recruitment process and incorporated into the role description, that the C&V representatives are required to represent the whole C&V sector in their AIPB area, not just their subject area or their own organisation.

7.12 **Recommendation 6:**

As each AIPB area has a different geographical make up with different groups active in their area, it is important that the recruitment process is structured and consistent but flexible enough to manage the diverse nature of the areas. It is recommended that the recruitment of C&V representatives in each AIPB area is reflective of the local population in that area e.g., population demographic; urban/rural etc. Applicants should be able to demonstrate their connection to, knowledge and understanding of local communities in their AIPB area.

7.13 **Recommendation 7:**

Given the diversity and scope of the C&V sector, it is recommended that no less than the current suggested maximum number of 4 C&V sector representatives should be recruited to each AIPB. It is further recommended that consideration should be given to expanding this number moving forward.

7.14 **Recommendation 8:**

It is recommended that, given the scope of the C&V sector role, and the current financial and resource pressures on the C&V sector, renumeration should be provided for the C&V representative roles. This could take the form of a secondment opportunity; or a salaried role; or remuneration as in public appointments. The cost should be met by the DoH. These roles should be housed in an organisation within the C&V sector. Consideration should be given to mitigating any issues that might arise for C&V sector organisations under charity law regarding their staff undertaking a representative role.

7.15 As a minimum remuneration, a flat fee should be given to representatives along with travel expenses to AIPB members.

7.16 **Recommendation 9:**

It is recommended that the C&V sector should have an influence in choosing the C&V representatives for the AIPBs. A panel which includes representatives from the C&V sector, should be established to support the recruitment process. It is recommended that best practice employment

recruitment processes should be used. This process should be facilitated by the independent organisation responsible for recruitment with C&V sector representation in shortlisting and interviewing processes.

7.17   In the event that the role is voluntary i.e., not renumerated, then it is recommended that the applicants for those roles, in line with good practice, are given a level of self-determination with regard to selecting C&V representatives for AIPBs. A proposed process is outlined in Appendix Four.

7.18   **Recommendation 10:**
It is recommended that the C&V sector representative role description should be based on: the list of attributes and skills identified in section 5 of this report and Appendix Three, together   with the points outlined in Recommendation 3. It is further recommended that the role descriptions for all the AIPB representatives from across the sectors should be consistent in terms of commitment, experience and skills etc.

7.19   **Recommendation 11:**
Clear expectations regarding term of office of AIPB representatives should be made explicit in all role descriptions.

7.20   **Recommendation 12:**
Communication is a vital factor in enabling the C&V Sector representatives to successfully represent the C&V sector. It is recommended that the role description should clearly state the expectation, that the C&V representatives, will ensure strong communication and a regular feedback loop with the wider C&V sector in their area.

7.21   It is further recommended that a formal regular feedback loop mechanism is established between the AIPB representatives and the wider C&V sector and that a range of methods including online platforms, remote meetings etc., are utilised to ensure as wide a reach as possible.

7.22 **Recommendation 13:**

It is recommended that there is parity of esteem and equality of influence among the AIPB representatives from different sectors. This would be demonstrated in part by the treatment and remuneration which is offered to cover roles whilst staff are attending AIPBs etc.

7.23 **Recommendation 14:**

It is recommended that a C&V sector representative should be the Co-Chair alongside a statutory sector representative of the AIPBs. This would ensure that the C&V voice is heard and that the value of the C&V contribution is demonstrably visible.

7.24 **Recommendation 15:**

It is recommended that a co-ordinator role or a support mechanism should be provided in order to support all the C&V representatives across the 5 AIPBs. This co-ordinator role would support: the feedback loop and liaison with the C&V sector; liaison with the statutory sector; and undertake administrative support to alleviate the pressure on the C&V representatives. The Co-ordinator role would ensure that the C&V representatives are provided with opportunities to come together throughout the year to share learning and experience.

7.25 **Recommendation 16:**

It is recommended that a collective Induction for all members of the AIPB (not just C&V sector) should be provided. This would cover areas such as: the purpose of the AIPBs, the intended outcomes, information on the various sectors represented and the role of the representatives on the AIPBs. The induction should be conducted over a period of time to help enable the AIPB members to build relationships and trust.

7.26 **Recommendation 17:**

It is recommended that time is taken to build understanding, between all the representatives,   of the value and expertise that each sector brings. Specific training should be provided to help AIPB members to understand the value

and importance of the C&V sector's input and contribution. Time should also be included to allow AIPB members to better understand the work of the C&V sector in their specific area.

7.27 **Recommendation 18:**

It is recommended that training in a variety of areas, expert advice and information is provided for the AIPB C&V representatives to better understand the work of the AIPBs and to therefore better represent the C&V sector.

7.28 **Recommendation 19:**

It is recommended that logistical support and resources should be provided to C&V representatives to enable them to consult with and feedback to the wider C& V sector regarding issues raised at AIPBs. This would include support for the management of the feedback loop mechanism; training for C&V sector representative; supporting C&V representatives to share information and best practice. Consideration should also be given to providing C&V sector representatives with IT equipment/phone etc. For GDPR purposes, it is important that any confidential information or data which is shared with AIPB members is not housed on host organisation's electronic devices.

7.29 **Recommendation 20:**

It is recommended that cognisance is taken of the learning and recommendations from this report together with learning from the current Southern Area Test, in order to influence future practice and development of AIPBs.

7.30 **Recommendation 21:**

It is recommended that all the processes and practices regarding: recruitment; role descriptions; support to the C&V sector; C&V engagement to the AIPB should be reviewed and assessed, to determine if they were/are successful and achieved the outcomes that were intended.

7.31   It is recommended the first review is undertaken no more than 12 months following the commencement of the work to recruit the C&V sector representatives to the AIPBs. This review should be conducted as part of any review of overall AIPB processes and practice. The timeframe for subsequent reviews should then be determined by the ICS Workstreams. AIPB processes etc. should continue to be adapted and evolve as a result of ongoing reviews.

Appendix One

Channels Which Currently Exist For Sharing Information And Engaging Communities Across The C&V Sector:

- It is designed to provide a snapshot of the vast range of existing channels in Northern Ireland.
- This is not and is *not* intended to be seen as a definitive list of the existing channels in the C&V sector in Northern Ireland.
- The existing channels identified in this appendix have been gathered from feedback the engagement sessions.
- The channels identified are reflective of the knowledge and understanding of the individuals attending the engagement sessions.
- Every effort has been made regarding the accurate recording of the names of existing channels but as information is based on participant feedback there be inaccuracies.
- Where a number of activities have been attributed to one channel by participants these have been grouped, as far as possible under the heading of that channel e.g., Community Planning and Neighbourhood Renewal have been listed under the relevant District Council. It should not be taken as an indication that these are the only activities that these channels provide.

Advice NI
Age Friendly Alliance
Armagh Banbridge and Craigavon District Council: Community Network; Community Planning
ABC Loneliness Network
Age NI
Aisling Centre
All Party Working Group Children and Young People
All Party Working Group on Visual Impairment
All Party Working Group Dementia
All party Working Group on Aging
All party Working Group on Disability
All Party Working Group on Health
All party Working Group on Loneliness
All party Working Group on Older People
All party Working Group on Suicide and Mental Health
All Party Working Group Terminal Illness

ARC-Association for Real Change NI
Association of Independent Volunteer Centres
Autism Forum Derry/L'Derry
Barnardo's
Befriending Network
Belfast City Council: Belfast Public Space Management ; VCSE Panel , community Planning- locality. planning groups ;Shared City Partnership
Belfast Health Forum
Belfast Health Social Care Trust - Disability Steering Group; Local Commissioning Group
Belfast Men's Health Group
Bryson Group
C03
Cancer Connect NI
CARE Project-SPERRIN
Cause Advocacy Service
Causeway Age Friendly Forum
Causeway Coast and Glens Council: Including: good relations forum
Causeway Loneliness Network
Causeway Rural and Urban Network
Causeway Volunteer Centre
Child Health Coalition
Child Poverty Alliance
Children and Young People Strategic Partnership (CYPSP): Including; Locality Planning Groups, outcome Groups and Family Hubs
Children in Northern Ireland
Clanrye Group
Cliff Edge Coalition
CO3
Coalition of Carers Organisations
Coalition on Deaf Blind
Community Development and Health Network
Community Development Workers Forum Newry
Community Foundation Grantee Network
Community Leadership (West) Partnership
Community Organisations South Tyrone and Areas
Connected Community Care
County Down Rural Community Network
Creggan Community Forum
Crisis Fund Management
CWSAN -Cookstown and Western Shores Area Network
DAERA
DEEDS Project - (Dementia project at Old Library Trust Derry City)
Dementia Friendly Communities Network
Dementia Locality Group
Department for Communities

Department of Health: including: Regional Autism Forum
DePaul
Derry City and Strabane District Council: Including: Neighbourhood Renewal Partnerships ; Civic Forum; Community Planning; Community Food and Nutrition Team; Age Friendly Network
Developing Healthy Communities (Derry City)
Disability Action
Disability Employment Network
East Belfast Community Development Agency: Including: East Belfast Community Health Forum and Café
ECHO – Ending Community Homelessness Coalition
Project ECHO
Education Authority
Erne East Community Partnership
Family Community Support Programme
Fermanagh and Omagh District Council: Including: Anti-poverty working group; Community Planning partnership; Community Development Department; Place Shaping; C&V register (600 groups); C&V Sector Forum; Neighbourhood Renewal Partnerships
Fermanagh and Omagh Interagency Forum (FOIF)
Fermanagh Rural Community Network
Fermanagh Trust
First Housing
Focus Omagh Network
Frailty Network
George Best Airport Accessibility Forum
Government Partnership Group
Greater Shankill Neighbourhood Renewal Partnership
Grow Derry Strabane
Guide Dogs
Health Alliance - Health Improvement Northern Ireland
Southern Health and Social Care Trust
Healthy Living Alliance
Holywell Trust
Home Office National Asylum Seekers Access to Healthcare Group
Homeless Connect
Hospice Alliance – NI Wide
Housing First
Human Rights Consortium
Impact Network NI
IMTAC - Inclusive Mobility Transport Advisory Committee
Intercultural Forum (Newry, Mourne and Down)
Joint Forum - Government and Voluntary and Community Sector
Linking Generations Network
Loneliness Network (Belfast)
Long Term Conditions Alliance
Maternal Mental Health Alliance

Men's Shed Network
Men's Health Forum
Mental Health Coalition
Mental Health Champion NI
Mental Health Forum Newry
Mental Health Policy Group - Mental Health Foundation
Mid Ulster District Council: Locality Planning; Neighbourhood Renewal Partnerships; C&V Network
Midwives Services Liaison Committee
Migrants Forum
Multiple Sclerosis Regional Group
National Lottery
Neighbourhood Health Improvement Project
Neurology Review
Newry and Mourne District Council: Including; Community planning, District Electoral Area Forums, Neighbourhood Renewal Partnerships, Stakeholders Forum, Wellbeing Action Partnership
Newry Confederation of Community Groups
NI Union supported employment (NIUSE)
NICVA Community NI; Special Interest Groups
NIEL -Climate NI
NINCA – Northern Ireland Neurology Charity Alliance
NIRWN - NI Rural Women's Network
NISCC – Northern Ireland Social Care Council
North Belfast Senior Citizens Forum
North West Migrants Forum
Northern Healthy Lifestyle Partnership and Dietetics - Health Alliance NI
Northern Health and Social Care Trust
Northern Ireland Alcohol and Drug Addition
Northern Ireland Housing Executive: Including; Tenancy Support; Local Area Action Groups
Northern Ireland Neurological Charities Alliance
Northern Ireland Refugee Resettlement
Northern Ireland Youth Forum
Northwest Community Network
NSPCC
Oakhill Healthy Living Centre
Omagh Ethnic Community Support Group
Omagh Forum
Omagh Healthy Living Network
Omagh Volunteer Centre
Participation and Practice of Rights Project
Patient Client Council
Public Health Agency: Including; Regional Obesity Prevention Group
PIPS – Suicide Prevention
Policing and Community Safety Partnership

Protect Life 2 Implementation Group
Race Relations Network
Rank Foundation
Refugee Asylum Forum
Regional Cancer Charity Network
Royal National Institute for Blind People
Royal National Institute for Deaf People
RQIA - Regulation and Quality Improvement Authority
RSUN – Regional Service User Network (substance abuse)
Rural Community Network
Shankill Health Forum
Shankill Ministry Fellowship
Shop Mobility Networks- shop mobility NI
Simon Community
South Eastern Health and Social Care Trust
South West Age partnership SWAP - Fermanagh and Omagh areas
South West Homeless Providers Forum (Fermanagh and Omagh)
Southern Age Well Network (Newry, Mourne and Down Area)
Southern Area Hospice Service
Southern GP Federation Support Unit
Southern Health and Social Care Trust: Including;   Promoting well-being team, Local Area Safeguarding Partnership
Stronger Together Northern Ireland Community Network
Supporting Communities NI
Sure Start
SWELL – Cancer support (Fermanagh and Omagh area)
TADA - Rural Support Network
The Executive Office
TRIAX - Neighbourhood Renewal taskforce for the Bogside, Brandywell, Creggan , Fountain and Bishop St area Derry City
Ukraine Operational Group
Ulster GAA
University of the Third Age
Visual Sector Forum
Volunteer Now
Western Health and Social Care Trust: Including;   Community Social Work team, Dementia Service Improvement Board, Health Improvement Equality and Involvement, ASD Forum, Equality Unit
Women's Policy Group
Women's Regional Consortium
WRDA – Women's Resource and Development Agency
Youth Action Northern Ireland

Appendix Two

List Of Organisations That Attended The Engagement Sessions

Armagh Rural Transport Service	Department for Communities
Access Employment Ltd	Derry City and Strabane District Council
Action Mental Health	Destined
Aisling Centre and Connect Fermanagh (Fermanagh Trust)	Developing Healthy Communities NI
Alzheimer's Society	Diabetes UK
Arts Care Limited	Dry Arch Centre
ASCERT	East Belfast Community Development Association
Aware Defeat Depression	Epilepsy UK
Ballycastle Community Fridge	Fermanagh and Omagh District Council
Barnardo's	Fermanagh Rural Community Network
Beam Creative Network	Fermanagh Trust
Belfast Healthy Cities	Gaeil Ruairí Óg agus Gaeil na nGlinntí
Belfast Health Social Care Trust	Glen Community Parent/Youth Group
Bogside and Brandywell Health Forum	Glenshane Community Development Ltd
British Deaf Association	Greater Shankill Partnership
Building Communities Resource Centre Ltd	Groundwork Northern Ireland
Cancer Focus Northern Ireland	Headway -The Brain Injury Charity
CANS (Counselling All Nations Services)	Healthy Living Centre Alliance
Carers NI	Impact network
CAUSE	Inspire Wellbeing
Causeway Volunteer Centre	Larne YMCA
Cedar Foundation	Lighthouse
Children in Northern Ireland	Limavady Volunteer Centre
Church of Ireland	Live Music Now
Clarnmor Sure Start	Mainstay DRP
Coeliac UK	Marie Curie
Community Development and Health Network	Mencap Southern Area Office
Community Health Partnership	Mental Health Foundation
Community sports network	Mid and East Antrim Age Well Partnership
Compassionate Communities NI	Mid Ulster Disability Forum
Cookstown and Western Shores Area Network	Mind Your Mate and Yourself (MYMY)
COSTA –Community Organisations of South Tyrone and Areas	Motor Neurone Disease Association
CDRCN - County Down Rural Community Network	MS Society Northern Ireland
Craigavon Area Compassion Project	NI Alcohol Drug Addiction
CRUN - Causeway Rural and Urban Network	NI Chest Heart & Stroke
De Paul Foyle Haven	NI Childrens Hospice
Deaf Blind NI	NI Rare Disease Partnership

NIRWN -Northern Ireland Rural Women's network
North Down & Ards Women's Aid
NACN- Northern Area Community Network
North Down Community Network
NWCN - North West Community Network
Oak Healthy Living Centre
OECSG - Omagh Ethnic Communities Support Group
Old Library Hall Trust
Omagh Forum for Rural Associations
Omagh Volunteer Centre
Papyrus NI
Parent Action CIC
Parkinson's UK Northern Ireland
RAPID- Rural Area Partnership Incorporated
Rural Community Network
Reach Out Healthy Living Centre
Red Cross
Resurgam Healthy Living Centre
Rosie's Trust
Royal College of Speech and Language Therapists NI
Royal Osteoporosis Society
Shelter NI
Shopmobility
Solas Moyle
Southern Areas Hospice Services
Southern Health and Social Care Trust
Spectrum Centre
Stroke Association
TADA Rural Support Network
The Fostering Network Northern Ireland
The Rainbow Project
Verbal
Versus Arthritis
Volunteer Now
West Belfast Partnership Board
West End Tea Pots
Western Health Social Care Trust
W K Nicholson Ltd.

Appendix Three

List Of Skills/Knowledge/Experience Identified As Required For The C&V Representatives On AIPBs

Skills/Knowledge/Experience
- They are representing the sector not their organisation or themselves   - Advocacy Skills – be able to advocate on behalf of the sector   - Communication skills – good listening skills and speaking skills   - Confident and assertive   - Need to demonstrate how they will communicate out to the sector and from the sector to AIPB   - Demonstrate their links to local communities and how they will network with communities and organisations   - Experience and knowledge of working in the C&V Sector at all levels; high level/connected to the ground; understand needs of Section 75 groups   - Advocate for equality in services   - Knowledge of Government   - Specific health experience across NI – understand health agenda - Knowledge of key barriers to accessing health   - Community engagement and community development skills - Addressing local needs   - Credibility within the C&V sector and have their trust – have the confidence of the people/groups they are representing   - Ability to collect information/intelligence   - Understanding of impact   - networking and facilitation   - policy and influencing   - negotiation skills   - Proven track record of partnership and collaborative working   - knowledge and skills of systems and structures   - Competence in understanding and interpreting data, finance, etc.; Knowledge of Stats and polices   - Understanding of budgeting and potential demands on resources   - Understanding of commissioning of services and sensitivities around this   - Understanding of co-production and an asset-based approach   - Strong understanding of community planning   - Proven track record of intersectoral working   - influencing skills   - Relationship building   - Being a conduit for the C and Vs sector in that area to enable a clear picture of health and social care needs   - Need to have connections broader than strictly local

- Analyse information; Translate work of AIPBS for the sector; Language (put professional lingo into layman's terms) shared language
- Represent both rural/ urban areas and all trust them; Representative voice
- Leadership- strong leader/ voice
- working at senior management/director level
- ability to analyse, understand and interpret data
- interpersonal skills
- Ability to work as part of a team - good group skills – ability to consider other people's point of view
- Strategic thinker/ think outside the box
- Good network of Connexions
- Solution focused but realistic
- Completer finisher- pragmatic
- Ability to challenge status quo thinking
- Diplomacy
- Integrity
- Impartial
- Networking skills
- Professional
- Accountable
- Courageous
- Passionate and passion for change
- Resilience
- Insightful – ability to ask the right questions
- Team player
- Realistic and pragmatic
- Experience of representing a consortium of organisations / themes / needs
- Need to understand public sector and how c/v sector integrates with other sectors and the roles within it
- Person should have strategic view and knowledge of geography and local population needs and what is missing.
- Support and challenge where the investment is going.
- Lived experience and the ability to gather lived experience from others
- Identify opportunities for integration across stat and C&V sectors and within the C&V sector

Appendix Four

A Proposed Process For C&V Sector Representative Recruitment Should The Role Be Voluntary I.E., Not Renumerated, A Secondment Or Full Time Paid Role

In the event that the C&V Representative roles are voluntary, the applicants would be required to complete an application form and demonstrate that they meet the skills, knowledge and experience outlined in the role description. Applicants that meet the criteria would progress to the following process:

- In the event that there are more than four applicants for those roles, a meeting should be set up (an "Applicants Meeting") facilitated by the independent organisation responsible for the recruitment of the applicants for each AIPB. There should be 5 Applicant Meetings to reflect the 5 AIPBs.

- At the Applicants Meeting the applicants for the C&V representative roles would come together to discuss the role, the purpose of the AIPB etc. The applicants would then seek to find a consensus as to who among them should be the C&V representatives for their area. If the applicants reach a consensus, the four nominated applicants will be considered by the independent organisation in the wider context of all 5 AIPBs to ensure balance across all 5 areas. If no issues are found those 4 applicants will be appointed.

- In the event that the Applicants Meeting is unable to come to a consensus regarding the 4 C&V representatives for that area, then a 'public' vote by the C&V sector in the area would be held to determine which applicants should be the C&V representatives.

- The applicants not selected could act as 'subs' or a reserve list should a chosen applicant not be able to continue with the role of C&V representative in the future.